IMANI CLINIC

Student Run Clinic

Endocrinology Clinic
Patient Referral Form

Name:	Address:
DOB:	
Preferred Language:	Telephone: Email address (optional):

Referred By: _____

Date: _____

----- Optional from this point on -----

Areas of Concern

- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes
- ☐ Thyroid nodule/goiter
- ☐ Hypothyroidism
- ☐ Hyperthyroidism
- ☐ Adrenal insufficiency
- ☐ Pituitary adenoma
- ☐ Hypogonadism
- ☐ Parathyroid Disorder
- ☐ Other: (prediabetes, etc):

Current Medications

Lab Results

Notes: (Prominent Symptoms, Family history)

2425 Alhambra Blvd, Sacramento, CA 95817
(916)-256-9350

Imani Clinic (Saturdays 9:00 am-1:00pm)